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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number

Filing Date

First Named Inventor

Art Unit

Examiner Name

Attorney Docket Number

Total Number of Pages in This Submission

Bernarr C. Schaeffer

ENCLOSURES (Check all that apply)

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Remarks

Division of patent application serial number 10/079,397 filed 2/20/02 by the same inventors, Bernarr C. Schaeffer, James Schaeffer, and Wayne Schaeffer, and the small entity assignee U.S. Health Equipment Corp.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT
 Firm
or
Individual
Signature
Date

 Joseph B. Taphorn
 Joseph B Taphorn
 March 3, 2004
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

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Joseph B. TAPHORN

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Joseph B Taphorn

Date

March 3, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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 22278 U.S. PTO
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EMAIL jbtaphorn@prodigy.net

March 3, 2004

Commissioner for Patents

P.O. box 1450

Alexandria, VA 22313-1450

Mail Stop PATENT APPLICATION

Re: Divisional Patent Application for INFRARED SAUNA by Bernarr, James,
and Wayne Schaeffer

Sir:

I enclose a patent application being filed under 37 CFR 1.78 as a division of patent application serial no. 10/079,397 filed 2/20/02 by the same inventors Bernarr C. Schaeffer, James Schaeffer, and Wayne Schaeffer, and assigned to the U.S. Health Equipment Corporation. The Examiner for the parent application is Leonid M. Fastovsky of Art Unit 3742. The parent application is classified in class 392, subclass 416.

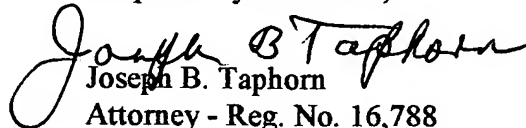
The patent application includes Specification, Claims, Abstract, Informal Drawings, Transmittal Form with attached check for the filing fee, Patent Application Fee Determination Record, and Post Card. Addition is underlined, and deleted struckout.

The Examiner required division between the claims 1-6 and 26 allowable in the parent application and the claims withdrawn therein and presented in the instant application. The withdrawn (divided out) claims comprise claims 7-18 classified by the Examiner in class 392, subclass 435; claims 19 -20 classified by the Examiner in class 4, subclass 524; and claims 22-25 classified by the Examiner in class 600, subclass 9; all of the restriction requirements being traversed by the applicants.

\ The parent application is understood to be allowable upon cancellation of the withdrawn claims. Applicants intend to cancel the withdrawn claims in the parent application promptly upon filing of the instant application.

Kindly conduct all correspondence with the undersigned.

Respectfully submitted,


Joseph B. Taphorn

Attorney - Reg. No. 16,788

Tel & Fax 845/462-3262

E-mail jbtaphorn(@)prodigy.net

Enclosures

CERTIFICATE OF MAILING BY EXPRESS MAIL - The undersigned certifies that this correspondence addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop "Patent Application", has been deposited in the United States Postal System as EXPRESS MAIL on March 3, 2004.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Infrared Sauna

Schaeffers/TAPHORN

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	19 minus 20 = *	-
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 = *	1 *
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ 385
x \$	=
x	=
+	= 43
TOTAL	\$ 428

RATE	FEE
	\$
x \$	=
x	=
+	=
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

OR

ADDIT. FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

OR

ADDIT. FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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